

July 2007

Dear Hopedale Residents,

The events of "911" and Hurricane Katrina made the nation aware of the need for greater emergency preparedness. On a local level, Hopedale's Emergency Management Agency handles disaster planning and responds to natural and man-made emergencies. In an effort to assist Emergency Management and meet the needs of residents, the Council on Aging, Emergency Management and The Board of Health have collaborated to produce a system that will provide Emergency Management with critical information on residents who may need special assistance under emergency conditions.

Through a new program, Hopedale residents may choose to identify themselves or family members who reside in Hopedale as special needs individuals. Relevant information will be entered into a confidential secure database at the Emergency Management Center, located in the Hopedale Fire Station. *Access to personal information and the maintenance of data will be limited to the Administrator of Emergency Management and the program Outreach Worker at the Council on Aging. There is no cost to enroll in the program.*

### ***Would You Need Special Assistance in the Event of a Community Emergency or Disaster?***

Blizzards, hurricanes, toxic spills and fires are among the events that may require you to evacuate from your home or stay in your home for a period of time. Under stressful emergency conditions or extreme weather events, could you manage on your own? Will a condition or problem with your hearing, vision, breathing or mobility make managing daily life difficult? Do you or a family member use oxygen, take insulin, receive dialysis or require other daily medical therapies? Do you rely on a daily caregiver? These are just a few of the medical conditions that may qualify both children and adults with disabilities, medical conditions and mobility issues as special needs individuals.

### ***What Assistance Can Program Participants Expect?***

In the event of a community designated emergency, information about the affected special needs population will be immediately available to Emergency Management. They will be able to expedite appropriate targeted action for these town residents.

### ***How do I Enroll in the Program?***

1. Complete, Sign and Date the enclosed enrollment form
2. Sign and date the HIPPA form (Privacy Rights Document)
3. Return both forms in the enclosed pre-addressed envelope
4. ***Participation commences upon receipt of a confirmation letter. (May take up to 4 weeks)***

### ***How Will My Information Stay Updated?***

Twice a year, a print-out of your record will be sent to you for updating. Additionally, you may call us at (508)634-2208 with changes or additions. We will call and send a "Final Notice" prior to removing any individual from the Database.

### ***Where Can I Get Help Completing the Enrollment Form?***

You may call the Council on Aging at (508)634-2208 for more information or help completing your enrollment form. We are available Monday through Thursday 9:00 am to 2:30 pm and Friday 9:00 am to 12:00 pm.

**Special Needs Enrollment Form**

\* Fill out a Form for each Family Member who Requires Assistance    What is Your Primary Language? \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

2. Address \_\_\_\_\_ E-mail \_\_\_\_\_

3. Home Phone # (     ) \_\_\_\_\_ Cell Phone# (     ) \_\_\_\_\_

4. DOB \_\_\_\_\_ Do You Live Alone?    Y   or   N   (circle answer)

Name(s) of Emergency Contact(s):

5. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_

6. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_

7. Do You Have Pets? Y or N   (circle answer)    Type: Cat / Dog / Reptile / Caged Animal   (circle answer)

8. Pet's Name \_\_\_\_\_ Type \_\_\_\_\_ Pet 's Name \_\_\_\_\_ Type \_\_\_\_\_ (list others on back)

9. Do You Have a Designated Caregiver for your Pet(s)?    Y   or   N

10. Do You Have an Assistance Animal?                      Y   or   N   (circle answer)

11. Do You Use a TDD (for hearing impaired) Telephone? Y or N   (circle answer) TDDPhone # \_\_\_\_\_

12. Where is the Main Entry to Your Home? Front / Back / Right Side / Left Side / Garage Doors   (circle answer)

13. Can You Walk or Stand without Assistance?    Y   or   N   (circle answer)

14. Would You Need a Wheelchair to Evacuate from Your Home? Y or N   (circle answer)

15. Would You Need an Ambulance to Evacuate from Your Home?    Y   or   N   (circle answer)

16. Would Shelter Staff Need to Know about a Life Threatening Food Allergy? Y or N   (circle answer)

17. Do You Use Special Medical Equipment? Y or N   (circle answer) If Yes, Specify Equipment \_\_\_\_\_

18. Do You Use Portable or Home-based Oxygen?                      Y   or   N   (circle answer)

19. Are You a Dialysis Patient? Y or N   (circle) How Many Times per Week? \_\_\_\_\_

20. Do You Have any of the Following Illnesses? (check if applicable)

\_\_Cancer    \_\_Diabetes    \_\_Kidney Disease    \_\_Autism    \_\_Epilepsy    \_\_Alzheimer's

21. Identify the Nature of Your Illness or Disability (check all that apply)

\_\_Respiratory    \_\_Neurological    \_\_Pulmonary    \_\_Vascular    \_\_Digestive    \_\_Severe Obesity

\_\_Musculoskeletal    \_\_Visual    \_\_Auditory    \_\_Mental/Behavioral    \_\_Frailty

**Please Sign and Date this Form:**

\_\_\_\_\_  
Signature of Enrollee or Legal Representative

\_\_\_\_\_  
Date

Office use Only:

Received \_\_\_\_\_  
Denied \_\_\_\_\_  
Enrolled \_\_\_\_\_  
HIPPA \_\_\_\_\_

**HOPEDALE EMERGENCY MANAGEMENT AGENCY  
SPECIAL NEEDS PROGRAM – HIPAA AUTHORIZATION  
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

1. I as an enrollee in the Hopedale Emergency Management Agency (“HEMA”) Special Needs Program conducted under the direction and coordination of the Hopedale Council on Aging, hereby authorize HEMA to use or disclose the health information set forth in the attached HEMA Special Needs Enrollment Form (“Enrollment Form”). I understand that the information provided in the Enrollment Form, could be subject to re-disclosure by HEMA pursuant to this authorization, and, if so, that said information may not be subject to federal or state law protecting its confidentiality.
2. Name of Enrollee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_
3. Enrollee hereby voluntarily authorizes the information in the Enrollment Form, including medical information, to be disclosed to the HEMA Special Needs Program conducted under the direction and coordination of the Hopedale Council on Aging.
4. Enrollee hereby voluntarily agrees that the information contained in the Enrollment Form, including medical information, is required for the purpose of recording and maintaining medical-related information by HEMA for use in emergency situations as defined by criteria established by HEMA.

The information contained in the Enrollment Form may be disclosed by HEMA for the following purposes, or for substantially similar purposes, as defined by criteria established by HEMA:

☒ Emergency Medical Care    ☒ Mandatory or Voluntary Evacuation  
☒ Municipal Sheltering

5. Enrollee understands that enrollee has the right to revoke this Authorization at any time, except to the extent that the HEMA and/or Hopedale Council on Aging have already acted in reliance on the Authorization. To revoke this Authorization, Enrollee understands that Enrollee or their legal representative must submit a written request to revoke to the Hopedale Council on Aging, 43 Hope Street, Hopedale, MA 01747.
6. This Authorization shall expire without any further action on behalf of the Enrollee in the event of the individual’s death, or upon written notification from the Enrollee indicating that such person is no longer a Hopedale resident or no longer wishes to participate in the HEMA Special Needs Program.
7. \_\_\_\_\_  
Signature of Enrollee or Legal Representative                      Date
8. \_\_\_\_\_  
Print Name of Enrollee or Legal Representative  
(attach evidence of authorization to act on behalf of Enrollee)

***A photocopy of this Authorization shall be the legal equivalent of the original.***